



## AFFORDABLE CARE ACT MASSACHUSETTS IMPLEMENTATION UPDATE

June 11, 2012

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These Updates, published by the Executive Office of Health and Human Services (EOHHS) in consultation with the other state agencies involved in ACA implementation, will bring you news related to the implementation of provisions of the ACA here in Massachusetts.

### Grants and Demonstrations

The ACA provides funding opportunities to transform how health care is delivered, expand access to care and support healthcare workforce training.

### Grant Announcements

**Affordable Care Act Consumer Assistance Programs (CAP), \$1002.** Announced June 7, 2012. Funding is available to states for the establishment or support of independent offices for health insurance consumer assistance programs (CAP) that help consumers who have questions or concerns regarding their health insurance. Using these funds, CAP grantees will: Help consumers enroll in health coverage, including group health plans and health insurance coverage; help consumers file complaints and appeals against health plans; educate consumers about their rights and empower them to take action; and track consumer complaints to help identify problems and strengthen enforcement. In 2010 HHS distributed nearly \$30 million in CAP grants to help states and territories establish or enhance activities to educate consumers about their health coverage options and to ensure consumer access to their rights under state and federal law, including the ACA. In October 2010, Massachusetts was awarded a one-year \$742,888 in CAP grant to be used in partnership with Health Care for All to provide consumers statewide with assistance and up-to-date information about health care coverage options and issues (in several languages) as they navigate the health insurance system. \$29.9M total in 56 awards is available.

Applications are due July 9, 2012.

For more information on states' first CAP grant cycle programs, including the Massachusetts' CAP program, visit: [Healthcare.gov](http://Healthcare.gov)

For more information on CAP Grants visit: [Information](#)

To view the funding announcement for this round of CAP funding, visit: [Grants.gov](http://Grants.gov)

## News

**6/8/12 CMS announced that two new Consumer Oriented and Operated Plan (CO-OP) repayable loans will be awarded** to non-profit entities to help them establish private non-profit, consumer-governed health insurance companies to offer qualified health plans in the health insurance exchanges. Established under §1322 of the ACA, the goal of CO-OP program is to create a new CO-OP in every state in order to expand the number of exchange health plans with a focus on integrated care and plan accountability.

New non-profits receiving loans include: Compass Cooperative Health Network (CCHN), a CO-OP that received a \$93,313,233 loan to provide health insurance coverage statewide over time in Arizona. Compass Cooperative Health Network (CCHN) is sponsored by local experts in insurance, chronic disease coordination, the use of health information technology to better coordinate care, and business startup skills; and HealthyCT, a CO-OP that received a \$75,801,000 loan to encourage the use of patient-centered medical homes in providing health insurance coverage statewide in Connecticut. HealthyCT is sponsored by the Connecticut State Medical Society (CSMS) and the CSMS-IPA (a statewide Independent Practice Association), and plans to offer high-quality, coordinated medical care with strong physician-patient relationships at its foundation.

Starting in 2014, CO-OPs will be able to offer plans both inside and outside of health insurance exchanges and will operate in 14 states, including: Arizona, Connecticut, Michigan, Nevada, Maine, South Carolina, Oregon, New Mexico, Montana, Iowa, Nebraska, Wisconsin, New Jersey, and New York. CMS awarded the first round of CO-OP loans on February 21, 2012. To date a total of \$1,151,586,337 has been awarded. CMS will continue to review applications on a quarterly schedule through December 31, 2012 and announce additional awardees on a rolling basis. According to CMS, CO-OP loans are only made to private, nonprofit entities that demonstrate a high probability of financial viability.

For more information, including a list of previous CO-OP loans awarded, visit: <http://www.healthcare.gov/news/factsheets/2012/02/coops02212012a.html>

**6/6/12 The CMS Innovation Center announced that 45 commercial, federal and state insurers in seven geographic markets will participate in the Comprehensive Primary Care (CPC) initiative**, a funding initiative authorized through the Innovation Center under §3021 of the ACA. The CPC initiative is a multi-payer initiative fostering collaboration between public and private health care payers to strengthen primary care. Under the new initiative, Medicare will work with commercial and state health insurance plans to offer additional support to primary care doctors who better coordinate care for their patients. Arkansas, Colorado and Ohio Medicaid will participate in the initiative, as will the Oklahoma Health Care Authority and the Oregon Health Authority, which oversee their respective states' Medicaid programs.

CMS will pay primary care practices a care management fee, initially set at an average of \$20 per beneficiary per month, to support enhanced, coordinated services. Under this initiative, each practice will receive the new care management fee in addition to traditional fee-for-service payments on behalf of Medicare fee-for-service beneficiaries. Enhanced services include: improved care coordination; delivering preventive care; engaging patients and caregivers in managing their own care, and providing individualized care for patients with multiple chronic diseases.

According to CMS, insurers in the seven markets signed agreements with CMS to participate in this initiative. They were selected based on a pool of applicants, which include private health plans, state Medicaid agencies, and employers, that proposed to pay for and support comprehensive primary care coordination in partnership with Medicare. The selected markets are: 1) Arkansas: Statewide, 2) Colorado: Statewide, 3) New Jersey: Statewide, 4) New York: Capital District-Hudson Valley Region, 4) Ohio: Cincinnati-Dayton Region, 5) Oklahoma: Greater Tulsa Region, and 6) Oregon: Statewide. Approximately 75 primary care practices will be selected to participate in the initiative in each designated market.

The Comprehensive Primary Care initiative is a four-year initiative administered by the Innovation Center. Interested primary care practices in each of the markets should complete an application pre-screen tool. Applications will be accepted until July 20.

For more information on the Comprehensive Primary Care initiative, visit:

<http://www.innovations.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/index.html>

**6/4/12 The Patient-Centered Outcomes Research Institute, known as PCORI, issued its preliminary Methodology Report** which explores best practices for comparative effectiveness research and is intended to guide researchers as they formulate questions and determine the best methods to use in producing a PCORI-funded study. Created under §6301 of the ACA, PCORI is an independent nonprofit, expected to provide billions in federal funds for studies, and tasked with conducting patient-centered outcomes research.

PCORI's Methodology Report is intended to be used as a resource for applicants responding to PCORI Funding Announcements. Applicants are encouraged to refer to the report in designing their research plans, although applications will not be scored on adherence to recommendations in the report because the report has not yet been finalized. PCORI will be accepting comments on the draft report starting in July. Comments will be reviewed for use in revising the draft which will be reviewed and finalized by PCORI's Board of Governors in November, 2012. According to PCORI, adherence to the finalized Methodology standards will be required in future funding cycles.

In May PCORI issued its first funding announcement. PCORI Funding Announcements are issued to support comparative clinical effectiveness research that will provide patients with the ability to make better-informed health care decisions and that is based on PCORI's [National Priorities for Research and Research Agenda](#). Mandatory Letters of Intent for the first cycle of funding are due June 15, 2012 and applications are due July 31, 2012.

For more on funding announcements, visit:

<http://www.pcori.org/funding-opportunities/funding-announcements/>

Read the Preliminary Draft Methodology Report (posted June 4, 2012) at:

<http://www.pcori.org/assets/Preliminary-Draft-Methodology-Report.pdf>

## Upcoming Events

### **3 R's Work Group Open Stakeholder Meeting**

Session to Discuss ACA Provisions Related to Reinsurance, Risk Adjustment and Risk Corridors

Friday, June 22, 2012

10:00 AM - 11:30 AM

1000 Washington Street, Boston

Hearing Room E, DOI Offices

If any interested persons are unable to attend the meeting in person, they can participate in the session by calling the number below. We highly encourage people to attend in person as the acoustics in the Hearing Room can be difficult.

Dialing Instructions:

Dial 1-877-820-7831

Pass Code 371767# (please make sure to press # after the number).

Bookmark the **Massachusetts National Health Care Reform website**

at: [http://mass.gov/national\\_health\\_reform](http://mass.gov/national_health_reform) to read updates on ACA implementation in Massachusetts.

Remember to check <http://mass.gov/masshealth/duals> for information on the "**Integrating Medicare and Medicaid for Dual Eligible Individuals**" initiative.